



DECLARATION

 COPY OF PAPERS
 ORIGINALLY FILED

ATTORNEY'S DOCKET NO. PF00434 US

PATENT (U.S.A.)

 ORIGINAL
 CONTINUATION
 DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if two or more inventors are named below at 1-2, of the invention entitled:

IMPLANTABLE SENSOR FLUSH SLEEVE

Which is described and claimed in:

X the attached specification or
 the specification in application Serial No. 10/034,740 filed December 27, 2001
 as amended on _____

and for which a patent is sought, and that my residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR FOREIGN
 APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			YES <u>NO</u>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.) (Filing Date) (Status)

Send correspondence to:
MEDTRONIC MINIMED, INC.
 18000 Devonshire Street
 Northridge, CA 91325-1219

DIRECT TELEPHONE CALLS TO:
 Paul H. Kovelman
 (818) 576-5313

1	LAST NAME	FIRST NAME	MIDDLE NAME	Residence: CITY	STATE or COUNTRY
	ENEGREN	BRADLEY	J.	MOORPARK	CALIFORNIA
Post Office Address					CITIZENSHIP
11253 BENTCREEK ROAD, MOORPARK, CA 93021					US
2	LAST NAME	FIRST NAME	MIDDLE NAME	Residence: CITY	STATE or COUNTRY
	KOLOPP	MARIANNE	A.	VALENCIA	CALIFORNIA
Post Office Address					CITIZENSHIP
24712 AVIGNON DRIVE, VALENCIA, CA 91355					FRANCE

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1	SIGNATURE OF INVENTOR 2
DATE 01/22/02	DATE 01/22/02